

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0022634

DOCUMENT # S21136

1. Entity Name
RAFAEL R. LOPEZ, M.D., P.A.

04-06-2001 90049 011 ***150.00

940889

Principal Place of Business 13005 SOUTHERN BLVD. SUITE 213 LOXAHATCHEE FL 33470	Mailing Address 13005 SOUTHERN BLVD. SUITE 213 LOXAHATCHEE FL 33470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12953 PALMS WEST DR.	3. Mailing Address 12953 PALMS WEST DR.
Suite, Apt. #, etc. SFE 201	Suite, Apt. #, etc. SFE 201

City & State LOXAHATCHEE, FLA	City & State LOX, FLA
Zip 33470	Zip 33470
Country USA	Country USA

4. FEI Number 65-0235562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LOPEZ, RAFAEL R.
 13005 SOUTHERN BLVD.
 SUITE 213
 LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
**12953 PALMS WEST DRIVE
 SFE 201**
 City
LOXAHATCHEE FL Zip Code
33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE Rafael R. Lopez, MD (RAFAEL R. LOPEZ MD) DATE 4/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D LOPEZ, RAFAEL R. 13005 SOUTHERN BLVD. 12953 PALMS WEST DR. LOXAHATCHEE FL SFE 201 LOX, FLA 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rafael R. Lopez MD DATE: 4/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (307) 790-2111
RAFAEL R. LOPEZ

CR2E034 (10/00)